

AO 435 (Rev. 04/18)		Case 7:19-cr-00600 Document 49 Filed on 11/16/20 in TXSD Page 1 of 1 Case 7:19-cr-00600 Document 48 Filed on 11/11/20 in TXSD Page 1 of 2 ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
Please Read Instructions:					
1. NAME GREGORY P. SAPIRE		2. PHONE NUMBER (512) 431-9518		3. DATE 11/11/2020	
4. DELIVERY ADDRESS OR EMAIL greg@ssmlawyers.com		5. CITY Austin		6. STATE TX	7. ZIP CODE 78731
8. CASE NUMBER 7:19-cr-600-1		9. JUDGE Hon. Micaela Alvarez		DATES OF PROCEEDINGS	
				10. FROM 11/10/2020	
				11. TO 11/10/2020	
12. CASE NAME M-19CR 522 AT EL				LOCATION OF PROCEEDINGS	
				13. CITY McAllen	
				14. STATE TX	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input checked="" type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Proceedings held on	
<input type="checkbox"/> BAIL HEARING				Arraignment	
				11-10-2020	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE /s/ Gregory P. Sapiro				PROCESSED BY	RICK RODZ
19. DATE 11/11/2020				PHONE NUMBER	(956) 618-8498
TRANSCRIPT TO BE PREPARED BY Judicial Transcribers of Texas, LLC				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES 0.00	
TRANSCRIPT RECEIVED				LESS DEPOSIT 0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE 0.00	